2009 Youth League Clinic and Season Registration

Baseball/Softball

Pre-Season Clinics at Harpswell Islands School. Clinic attendance is important for team placement by age & skill.

NOTE: Age as of April 30, 2009	March 21	March 28	April 4
Boys 7 - 8 yrs.	8 - 9 a.m.	10 - 11 a.m.	9 - 10 a.m.
Boys 9 - 10 yrs.	9 - 10 a.m.	11 a.m 12 p.m.	10 - 11 a.m.
Boys 11 - 12 yrs.	10 -11 a.m.	12 - 1 p.m.	8 - 9 a.m.
Girls 7 - 10 yrs.	11a.m 12 p.m.	8 - 9 a.m.	12 - 1 p.m.
Girls 10 - 12 yrs.	12 - 1 p.m.	9 - 10 a.m.	11 a.m 12 p.m.

A broken-in leather glove is very important for success.

Registration — Fee \$25 → No on-site registration

* Limited financial assistance available *

Make check payable to: **Town of Harpswell** Mail registration form with proper fee to:

Town of Harpswell Recreation Dept. P. O. Box 39, Harpswell, ME 04079

Late Registration Fee is \$5.00

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For more information

Rec. Director: Gina Perow

833-5771 or harpswellrec2@suscom-maine.net Baseball Coordinator—Keith Richardson, 449-1192 Softball Coordinator—Jim Kneebone, 725-7713 Cal Ripken Rep—David Matero, 729-4438

Registration Deadline: March 18 Distribution Date: February 20

				
HVI Ra	seball/Softbal	Registration	2000	For office use only:
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Child's Name		DOB	Age on April 30, 2009	
Address			Zip	
Phone(eve)			Phone(cell)	
E-mail	·			
School				
Parent/Guardian Name(s)				
Emerg. Contact		Pho	one:	
Medical Concerns				

Baseball: Will be divided into teams by age and skill

{Coaches will make contact after the clinics}

Girls' Softball: Will be divided into Under 10 and Under 12

For ADULT VOLUNTEER information, please see back of this form 🔷 🟓

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Release from Liability In consideration of the permission granted to my child by the Harpswell Youth League to participate in the ball games, practices and other activities during the Spring and Summer of 2009, I hereby release and discharge the Harpswell Youth League, its agents and officers, M.S.A.D. 75 and Town of Harpswell from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, and assigns may have against the aforementioned parties, for all personal injuries, known or unknown, which my child has or may incur by participation in the above mentioned activities. I realize I must provide my own health/accident insurance for injuries that my child may sustain while participating in the above mentioned activities. I give the supervisor permission (in my absence) to obtain whatever medical treatmentmay be necessary in the event of injury.

Signature _____(parent or guardian)

^{**}Photos & videos taken may be used for local publicity**

Our program and low registration fee depend upon volunteers. We count on each family to help out in some capacity. If you can't give your time, donations are welcome toward improving the field and upgrading our programs. Please select one or more of the opportunities to volunteer listed below and fill in your name next to it
□ Coach or Assistant Coach
☐ Team Parent
☐ Booster Club Chair
☐ Booster Club Member
☐ Concession Stand Coordinator
☐ Concession Stand Worker
☐ Other

Concession Stand We hope to increase the offerings, and the number of people working at the concession stand. The funds from the stand belong to the Booster Club and are spent to benefit the kids.

Field Clean-up Day is from noon to 3 p.m. on **Saturday, April 18**th with a *rain date of April 19*th. We will do a general clean up of the field, and finish painting the concession stand. *Please mark your calendar now.*